Pregnant sexual activity

(Aktywność seksualna w ciąży)

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Abstract – Introduction. So far, the sexual activity of pregnant women is poorly understood. There are few studies and their results are contradictory. It has been shown that most pregnant women feel the need for sexual contact, but it is subject to changes in specific trimesters of pregnancy.
Aim of the study. The aim of the study was to present selected aspects of sexual activity of pregnant women.
Selection of material. The search was conducted in the Scopus database using the term sexual activity of pregnant women 2000-2018. The literature found in the Google Scholar database was analysed for the highest number of quotations. The literature selected in this way was used as the material for this work.
Conclusions. Pregnancy is an exceptional and special time for the future mother. This period causes many changes in all areas of a woman. The sexual activity of pregnant women is still not fully understood. There are theories based often on conjecture. It is noteworthy that healthy women with an unharmed pregnancy can be sexually active during pregnancy.

Key words **-** female sexual activity, pregnancy.

Streszczenie – Wstęp. Dotychczas słabo poznana jest aktywność seksualna kobiet w ciąży. Nieliczne są badania zaś ich rezultaty sprzeczne. Dowiedziono, że większość ciężarnych kobiet odczuwa potrzebę seksualnych kontaktów, lecz podlega ona zmianom w konkretnych trymestrach ciąży.
Cel pracy. Celem pracy było przedstawienie wybranych aspektów aktywność seksualna kobiet w ciąży.
Dobór materiału. Poszukiwania przeprowadzono w bazie Scopus używając pojęcia aktywność seksualna kobiet w ciąży 2000-2018r. Znalezione piśmiennictwo w bazie Google Scholar przeanalizowano pod kątem największej liczby cytowań. Tak wyselekcjonowane piśmiennictwo posłużyło za materiał do opracowania niniejszej pracy.
Wnioski. Czas ciąży jest okresem wyjątkowym i szczególnym dla przyszłej matki. Okres ten powoduje wiele zmian we wszystkich sferach kobiety. Aktywność seksualna ciężarnych nadal jest nie do końca poznana. Funkcjonują teorie oparte często na domysłach. Niemiej potwierdzone jest, że zdrowe kobiety z niezagrożoną ciąża mogą być aktywne seksualnie podczas ciąży.

Słowa kluczowe **-** aktywność seksualna kobiet, ciąża.

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I. INTRODUCTION

So far, the sexual activity of pregnant women is poorly understood. There are few studies and their results are contradictory. It has been shown that most pregnant women feel the need for sexual contact, but it is subject to changes in specific trimesters of pregnancy. [1] The factors determining the approach to sexual intercourse during pregnancy are listed [2-4]:

- the emotional bond between the spouses,
- the condition of a pregnant woman,
- sexual intercourse before pregnancy,
- sexual needs,

- fear for the child,
- self-esteem and attractiveness,
- cultural traditions of society,
- the feeling of embarrassment caused by the proximity of the fetus.

The views on the influence of sexual intercourse on the course of pregnancy have changed over the centuries. Masters and Johnson stated that during the first trimester of pregnancy there is a decrease in sexual interest among pregnant women, which results in a decrease in the frequency of sexual intercourse [5]. This is caused by the first-trimester inconveniences such as breast pain, sleepiness, nausea, mood swings, vomiting, fear of damaging the embryo and miscarriage. This occurs mainly in people who are first pregnant, women in subsequent pregnancies maintain their sexual activity at the level before pregnancy. This is usually the case in women who have not given birth, while in whales there are usually no changes in sexual activity compared to the period before pregnancy. Among the factors positively influencing the sexual life during pregnancy, mental calm associated with the lack of fear of unplanned pregnancy is mentioned[2,6].

There are also changes in the genitals, resulting in a greater experience of erotic elation. [7]

II. SEXUAL INTERCOURSE IN DIFFERENT TRIMESTERS OF PREGNANCY

Sexual intercourse during the first trimester may result in fetal egg infection and even loss of pregnancy. Bleeding and pain indicate a possible miscarriage. Then you should stop having intercourse. [8]

During the second trimester, there is a noticeable increase in the number of future mothers, more erotic experiences, dreams and sexual fantasies. This is due to physiological and hormonal changes. During this period a higher level of sexual satisfaction is recorded. [8,9]

The phenomena indicating the need for sexual compassion during the second trimester are [1]:

- uterine spasmodic activity, which necessitates the use of tokolitics,
- bleeding.

In addition, women after miscarriages during this trimester should not have intercourse, as regular uterine contraction and congestion can cause miscarriages. [10]

During the third trimester there is a decrease in the number of intercourses, a decrease in sexual activity and a decrease in the ability to feel orgasm. This is caused by fear of childbirth and unborn baby as well as ailments during this period such as fatigue, body swelling, weight gain, mental fatigue and general body pain [5].

At the end of pregnancy, sexual intercourse should be discontinued as there is a risk of damage and infection of the foetal bladder. The last weeks of pregnancy are characterized by the risk of premature birth as the uterus muscle, after sexual stimulation, works in contractions. It is absolutely necessary for a pregnant woman to refrain from sexual intercourse when there are certain complications in the course of the pregnancy, such as premature water flow, bleeding and the risk of premature birth. [11,12]

If the pregnancy is proceeding properly, there are no contraindications to stop the sexual intercourse in the first and second trimesters. Then sexual intercourse does not have a bad effect on the fetus. However, it is advisable to be cautious and adjust the body position in each trimester of the pregnancy. The appropriate arrangement of partners has physiological, psychological and cultural significance. Physiological significance is connected with differences in the structure of women and men. Psychological connections concern the type of relationship and the way of sexual intercourse. Cultural relationships, on the other hand, result from the attitudes to the partner. Sexual partners should take into account body building, needs and mutual psychological sensitivity. [2]

The research indicates that couples during pregnancy most often prefer a body position during the intercourse: when the partner lies on her back to the man on the side (41%), then 26% of the respondents indicated a classical position, 23% of the respondents when the man lies on his back and the woman sits on it. [13,14]

During the first trimester during the sexual intercourse, partners can use any modification of the body arrangement. In this case, the woman's abdomen is small and does not affect the partners' body alignment. During the intercourse, when the man is lying down and the woman is sitting on it, the partner's activity is possible. Then the mission of the member is deep and all vaginal walls include irritation. [13]

During the second trimester of pregnancy, blood is supplied to the pelvic region of the smaller one, which makes it easier to reach an orgasm and facilitates coexistence. You can then benefit from all modifications to the body alignment, but with the abdomen not being pressurised. During the classic position the woman lies down, the man leans over her. The partners are "face to face". It is recommended that the partner leans his legs against the ground in order not to press on the partner's belly. In this arrangement, the front part of the vagina is most stimulated. The arrangement serves the purpose of caressing the

female partner, the combination of the partners and the caring coverage of the female head.

During the last weeks of pregnancy, the third trimester should take into account the comfort of the woman and the safety of the child. It is recommended to position the bodies where the partner lies sideways from the man. In this case, the abdomen is not in danger and is not a burden for the partners. This arrangement is the safest solution during the intercourse. Sexual intercourse during the normal course of pregnancy, with no contraindications, does not have a bad effect on the fetus. However, recommendations should be considered to ensure the comfort of the partner and no breast and abdominal compressions [13,15].

According to Lwa-Starowicz, the model of sexual reactions during pregnancy is being evaluated due to greater sexual awareness of the Polish society: according to the author, the acceptance of oral contacts is clearly increasing, and a clear upward trend has been observed in the aspect of masturbation. [16]

According to the Polomeno survey, 40% of French women felt a desire for an anal relationship during pregnancy. Researchers justify this by increasing libido during pregnancy among many couples and by the declared desire to diversify erotic life. [2]

Interesting are the conclusions of Polish authors Łukasik et al., who demonstrated that pregnant women often decide to live together only because of their partners [5].

The frequency of coexistence in low-risk pregnancies has been the subject of many studies, most of them proving the variable dynamics of sexual intercourse with the duration of pregnancy. 150 pregnant women from Istanbul declared that with the development of pregnancy they were much less likely to engage in sexual activity, the greatest fears were related to the third trimester of pregnancy, which also resulted in reduced intercourse duration and increased inability to experience orgasm [10]. The cross-sectional study by Erol et al. designed to find a correlation between the sexual activity of pregnant women and the level of androgens proved that the decrease in sexual activity during the 2nd trimester did not correlate with the lower amount of androgens in the peripheral blood of respondents [17].

The study by Sipiński et al. showed that as much as 79% of pregnant women had a positive perception of the external appearance of pregnancy, which resulted in a higher quality of their life [11,15]. This is consistent with Polomeno's opinion: if a woman accepts the changes occurring in her body, she simultaneously feels sexually attractive and this may translate positively into an increase in sexual desire [2].

It should be mentioned that during normal, low-risk pregnancy, intercourse and orgasm should not adversely affect the health of the newborn. The baby is protected inside the uterus by the amniotic fluid and the amniotic fluid, and the uterine muscles are strong, thus they protect the baby. The dense mucus dense mucus dome that covers the cervix also provides protection. During pregnancy it is important to apply hygienic and health recommendations, especially during sexual intercourse, as inflammations may affect the development of the fetus and the process of acceptance of the child to new conditions.

Infection within the uterus is considered to be the main cause of complications in young mothers, newborn children and foetuses. They are the cause of about half of premature births. An egg can be infected through the blood and placenta in situations of general infection or in cases of symptomatic outbreaks and during cervical canal intercourse.

It has been shown that a common consequence of fetal egg infection is a syndrome of symptoms called bacterial vaginosis, resulting from disorders occurring in the endogenous vaginal flora characterized by excessive growth of anaerobic bacteria and reduction or removal of naturally existing Lactobacillus.

Results of recent years show that bacterial vaginosis occurs in 5-42% of pregnant women as a consequence of infection. It has been found that bacterial vaginosis affects a higher risk of foetal membrane inflammation, premature foetal rupture, amniotic fluid infection, premature birth and low birth weight. In addition, infections can contribute to foetal damage or mortification and developmental disorders. The consequences of intrauterine infections may also occur later.

In order to prevent the occurrence of infections causing, among other things, premature birth, infectious complications in the postpartum period and in newborn babies, the use of condoms is recommended, as well as the cessation of relationships at the end of pregnancy. [18-22]

Pregnancy is an exceptional and special time for the future mother. This period causes many changes in all areas of a woman. The sexual activity of pregnant women is still not fully understood. There are theories based often on conjecture. It is noteworthy that healthy women with an unharmed pregnancy can be sexually active during pregnancy. Pregnancy and especially its specific periods influence the sexual drive. Changes in a woman's body are important. Urine infections are a threat to pregnancy. [12,14,15]

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